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APR 11 2006VIA FACSIMILE NO.: 571-273-8300PATENT
RAP04 P-650A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.	:	10/710,442	Confirmation No.:	4441
Group	:	3654		
Applicant	:	Harry T. Edwards		
Filing Date	:	July 12, 2004		
Examiner	:	Matthews, Terrell Howard		
For	:	BAGGAGE SCREENING SYSTEM AND METHOD		
Atty Docket No.	:	RAP04 P-650A		
Customer No.	:	28101		

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. RESPONSE (10 pages)
2. PETITION AND FEE FOR EXTENSION OF TIME form
(1 page, in duplicate)
3. CLAIMS AS AMENDED form (1 page, in duplicate)
4. REPLACEMENT DRAWING SHEETS (5 sheets)
5. ANNOTATED DRAWING SHEET SHOWING CHANGES (1 sheet)

YOU SHOULD RECEIVE A TOTAL OF TWENTY-ONE (21) PAGES.

Dated: April 11, 2006.

Donna J. Raaymakers

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FSB:djr
 RAP04 P-650A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

P. A.
APR 11 2006

Serial No. : 10/710,442
 Group : 3654
 Applicant : Harry T. Edwards
 Filing Date : July 12, 2004
 Examiner : Matthews, Terrell Howard
 For : BAGGAGE SCREENING SYSTEM AND METHOD
 Atty Docket No. : RAP04 P-650A
 Customer No. : 28101

Confirmation No.: 4441

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.
 The fee has been calculated as shown below:

	<u>CLAIMS AS AMENDED</u>					Other Than a Small Entity	
	Col. 1	Col. 2	Col. 3	Small Entity			
Total Claims	* 24	Minus	** 35	= 0	x \$ 25	\$ -	x \$ 50 \$ 0
Independent Claims	* 3	Minus	*** 3	= 0	x \$100	\$ -	x \$200 \$ 0
First Presentation of Multiple Dependent Claims \$180					\$ -	x \$360 \$ 0	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ -	\$ 0	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

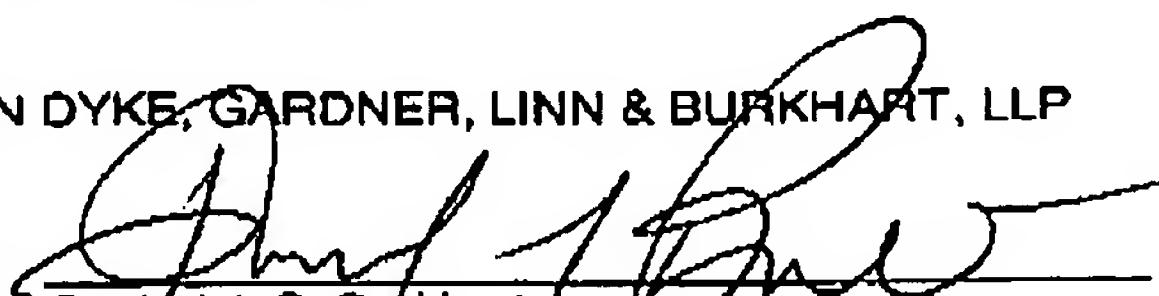
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. Small entity status of this application 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. No additional fee is required.
3. A check in the amount of \$____ is attached.
4. Please charge any fees due to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

By:


 Frederick S. Burkhart
 Registration No. 29 288
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 Grand Rapids, Michigan 49588-8695
 (616) 988-4104

Dated: April 11, 2006.

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RAP04 P-650A

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CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than a Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate
Total Claims	* 24	Minus	** 35	= 0	x \$ 25	\$ -	x \$ 50
Independent Claims	* 3	Minus	*** 3	= 0	x \$100	\$ -	x \$200
First Presentation of Multiple Dependent Claims \$180						\$ -	x \$360
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ -	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

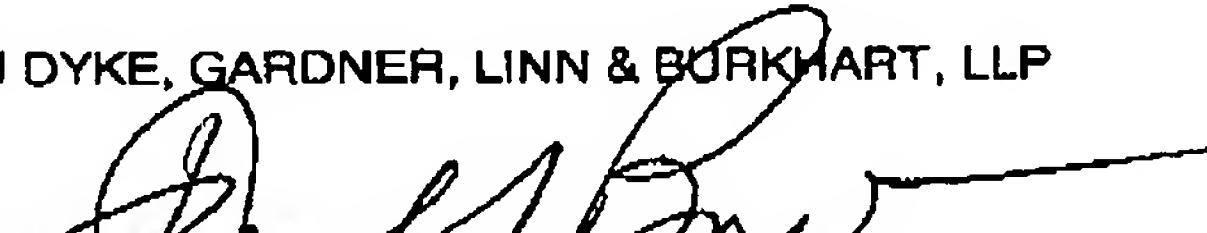
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